Mailing Address:
Maine Bureau of Insurance
Attn: Nica LaTour
34 State House Station
Augusta, ME 04333

CE-4 (1-2000)

Location; Bureau of Insurance Gardiner Annex 124 Northern Avenue Gardiner, ME 04345

"CONTINUING EDUCATION SPEAKER/INSTRUCTOR QUALIFICATION FORM"

Speaker/	Instructor Name:	
Business	S Name:	
City, Sta	te, Zip:	
Course Title:		Date:
Provider Name:		Provider#:
	RELATED EDUCATIONAL BACKGR	OUND (DO NOT SUBMIT RESUME)
Speaker/Professional Designation/Seminars		Degree/Designation
Have you	ı ever taught an insurance course before?	YES [] NO []
Circle Tv	vo (2) Applicable Qualifications.	
A.	Three (3) years experience in subject bein	g taught.
В.	Related degree in subject matter of course being studied.	
C. subject	C. A combination of sixty (60) hours course toward a degree and two (2) years experience in ubject matter.	
D.	A minimum of two (2) years recent experie	nce as a licensed insurance agent and a minimum of

three (3) months practical experience in the subject matter being taught.

E. Professional designation from a recognized industry association.